

REC'D MAR 14 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

5220  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City..... **St Louis** (d) Street No. **2529 Madison St** Registered No. **1865**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**William T Costello 234**  
 (a) Residence, No. **2529 Madison St** St. **20**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Cahill**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 1st 1866**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**71 4 19**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Plumber**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St Louis Mo**  
 (STATE OR COUNTRY)

FATHER 13. NAME **James Costello**

14. BIRTHPLACE (CITY OR TOWN) **Ireland**  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Ellen Carroll**

16. BIRTHPLACE (CITY OR TOWN) **Ireland**  
 (STATE OR COUNTRY)

17. INFORMANT **Mrs Mary Costello**  
 (ADDRESS) **2529 Madison St**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Calvary** DATE **Feb 23rd, 38**

19. FUNERAL DIRECTOR **Stroot Carroll**  
 (ADDRESS) **4600 Natural Bridge**

20. FILER **FEB 23 1938** **J. J. Bredek**  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 20th 188**

22. I HEREBY CERTIFY, That I attended deceased from **June 6, 1937, to Feb. 20, 1938**  
 I last saw him alive on **Feb 20, 1938** Death is said to have occurred on the date stated above, at **7 p. m.**

The principal cause of death and related causes of importance were as follows:

**Arteriosclerosis**  
**Hypertension**  
**Iron Uremia and**  
**930**  
 Other contributory causes of importance:  
**Edema of lungs,**  
**non tubercular**  
**No Pneumonia**

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) **William R. ...**, M. D.

(Address) **1918 East ...**

1865

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. 2265-

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**